U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under Pt. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C.439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 35840	2 Fiscal Year Covered From				
230 x C					
	01 / 01 / 2005 Through 12 / 31 / 2005				
3 Name and address of person filing	4 Name file number and address of labor organization				
Name Brad Thompson	Name [BLET Div 4472				
	Labor Organization File Number 015,537				
PO Box Bldg Room No If any	P O Box Building and Room Number if any				
Street 407 Roth Drive	Street 102 Chel-Sey				
City Scott City	City Scott City				
StateMO ZIP Code + 4 _631.02	State 4 6378 C				
5 Position in labor organization	A SUPERIOR DE LA CONTRACTOR DE LA CONTRA				
Enter appropriate data below if, during the past fiscal year you or your spo (except as specified in the exci	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions)				
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income				
Name					
	1				
Trade Name if any					
PO Box Bldg Room No if any					
	7 b Amount				
Street					
City	A STATE A CALL . THE SHAPPING AND THE STATE				
State ZIP Code + 4					
Signature					
15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)					
Signed Prad C Shorps	On 5/15/06 573 264 2604 Date Telephone Number				
1	Date releptione number				

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•	Name of Person Filing	Brad Thompson	_		File Number U	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested						
8 Name and address of Business (including trade name if any)	9 Business deals with					
Name Trade Name if any	a Labor Organization					
P O Box Bldg Room No if any Street	c Employer					
State ZIP Code + 4						
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing					
Trade Name if any						
P O Box Bldg Room No if any Street						
City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received					
State ZIP Code + 4	a reduce of interest ricid of income received					
	12 b Amount					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment					
Name Schlichter, Bogard & Denton	Two baseball tickets for myself and my wife to St Louis Cardinals baseball game for railroad employees and retirees and					
P O Box Bldg Room No if any	spouses, including lunch on 5-29-05					
Street 100 S 4th Street, Suite 900						
State Missouri ZIP Code + 4 63102						
13 b Is the Business an Employer X or Consultant ?	14 b Amount of payment. \$198 34					

C (continued) Name of Person Filing. Bra	d Thompson File No. U
©C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	er parts A and B above)
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment
Name Schlichter, Bogard & Denton	Dinner at joint meeting of BLET Div 442 & 595 open to all union members on 8-11-05
Trade Name if any	
PO Box, Bidg Room No If any	1
Street 100 S 4th Street, Suite 900	
State Missouri ZIP Code + 4 63102	1
13 b is the Business an Employer X or Consultant 2	14 b Amount of payment. \$41. 85
	-
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name Schlichter, Bogard & Denton	Dinner, drinks, and music for myself and wife which was for Scott City, Missouri area railroad employees and retirees and
Trade Name if any	spouses on 12-17-05
PO Box, Bldg Room No If any	
Street 100 S 4th Street, Suite 900	
City St Louis	
State Missouri ZIP Code + 4 63102	14 h Amount of number
13 b Is the Business an Employer X or Consultant 2	14 b Amount of payment. \$39 14
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.
Name (
Trade Name if any	
PO Box, Bldg. Room No If any	
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment.

Form LM 30 (2003)